

# DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	DIRECTLY CONNECTED LOW LATENCY NETWORK AND INTERFACE
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As the below named inventor(s), I/we declare that:

This declaration is directed to:

☒ The attached application, or

☐ Application No. \_\_\_\_\_, filed on \_\_\_\_\_,

☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

## FULL NAME OF INVENTOR(S)

Inventor one: BODELL, KentSignature: [Signature] Citizen of: CanadaInventor two: REINHARD, JamesSignature: [Signature] Citizen of: CanadaInventor three: GORODETSKY, IgorSignature: [Signature] Citizen of: CanadaInventor four: ROEHRL, JosefSignature: [Signature] Citizen of: Canada

☐ Additional inventors or a legal representative are being named on \_\_\_\_\_ additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

<b>Application Number</b>	Unassigned
<b>Filing Date</b>	Herewith
<b>First Named Inventor</b>	BODELL, Kent
<b>Title</b>	DIRECTLY CONNECTED LOW ...
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	O132 0007

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000720

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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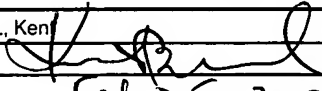
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name	BODELL, Kent		
Signature			
Date	Feb 25, 2004		Telephone 604 484 2241

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of four forms are submitted.

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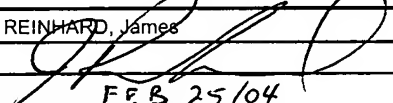
<input type="checkbox"/> Firm or Individual Name			
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City	State	Zip	
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Name	REINHARD, James		
Signature			
Date	FEB 25/04	Telephone	604 484-2244

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OR

<input type="checkbox"/>	Firm or Individual Name			
	Address			
	Address			
	City	State	Zip	
	Country			
	Telephone	Fax		

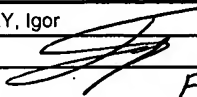
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## **SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	GORODETSKY, Igor		
<b>Signature</b>			
<b>Date</b>	Feb. 25, 04	<b>Telephone</b>	604-484-2262

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## **SIGNATURE of Applicant or Assignee of Record**

Name	ROEHRL, Josef		
Signature	<i>Josef Roehrl</i>		
Date	Feb 25/2004	Telephone	604 484 2298

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